



Friday, August 23, 2002

Dear Early Care and Education Professional,

Don't miss this incredible opportunity to earn an extra **\$250 to \$2,000!**

The **Calaveras Compensation And Retention Encourage Stability (Calaveras CARES Program)**, funded by Proposition 10, is a key part of the Children and Families Commission's plan to improve the lives of young children. Calaveras CARES offers a chance for Early Care and Education Professionals such as yourself, to work to **improve the profession and earn annual stipends**.

What you should know about the CARES Program:

- The goal of Calaveras CARES is to support the child care profession's most important resource: dedicated and skilled Early Care and Education Professionals like you.
- If you are eligible to join you will receive a stipend of \$250 to \$2,000 depending on your level of education and experience.
- **All applicants who qualify and successfully complete the application process will receive a stipend!** Actual stipend amounts may vary based on the number of applicants and funding availability.

Calaveras CARES members can earn annual stipends. Even if you do not meet the stipend qualifications this year, be sure to fill out the application and return it to us. We will put you on a contact list and let you know about training and educational opportunities in your area. **If you have any questions, please call Larissa Collins at 209-754-1470.**

FIRST 5 CALAVERAS

Calaveras County Children and Families Commission

P.O. Box 209 • 314 East Saint Charles Street, Suite #3 • San Andreas, CA 95249

Phone: 209-754-1470 • Fax: 209-754-1425 • Email: First5@sonnet.com

Website <http://www.cafc.ca.gov/calaveras>

**This application is for:
Family Child Care Home *L*icensees & Family Child Care Home Staff
Calaveras CARES Year 2003 Stipend Application**

You qualify and can apply for a first year stipend if:

- You have completed (by June 15, 2003) a minimum of 1 semester units in Early Childhood Education or Child Development and a minimum of 6 hours of Family Child Care Home Training; and
- You have worked at the same family child care home at least 15 hours a week for at least 9 full months between July 1, 2002 and June 15, 2003; and
- You work as an early childhood educator in a family child care home in Calaveras County and work **directly** with at least three children age birth to five enrolled in the same family child care home for a minimum of 15 hours a week.

You qualify and can re-apply for a second year stipend if:

- You have or have applied for (by June 15, 2003) a Child Development Permit; and
- You have completed (by June 15, 2003) an *additional* 3 semester units in Early Childhood Education or Child Development or have completed 21 Professional Growth Hours; and
- You have worked at the same family child care home at least 15 hours a week for at least 9 full months between July 1, 2002 and June 15, 2003; and
- You work as an early childhood educator in a family child care home in Calaveras County and work **directly** with at least three children age birth to five enrolled in the same family child care home for a minimum of 15 hours a week.

You need to contact the FIRST 5 CALAVERAS office for a different application if you are:

- A Center Staff person, a Program Director or a State-Subsidized Extended Day Center Staff person.

Please note:

- Participation in the Child Development Corps is mandatory (you must attend at least 2 meetings).
- Stipend checks will be issued in late June, 2003.
- All Child Development Corps members who receive stipends must declare the stipend amounts on their 2003 tax return.

Application Instructions

1. Please type or print in ink all information on the application legibly. Incomplete or illegible applications will not be accepted.
2. Make sure that you have the correct application. Contact the FIRST 5 CALAVERAS office if you need the correct application or more copies of the application.
3. You must complete all the information in Sections 1 and 2 of the application.
4. Your Resource and Referral Agency Representative or your supervisor (if you are a staff person) must complete all the information in Section 3A.
5. If you do not have a Child Development Permit, you must complete Section 3B.
6. **Request a sealed, original copy of your college transcripts right away. Attach the sealed, unopened, original copy of your transcripts with your application.** You will also want to request a copy of your transcripts for yourself and highlight the relevant courses to help determine your eligibility. Foreign transcripts must be formally evaluated by a WASC accredited college to be used as documentation for the Corps.
7. Attend an application assistance meeting to obtain a Course Worksheet and to have copies of your transcripts viewed and verified. Your Course Worksheet must be signed off by a Professional Growth Advisor.
8. You do not need to complete step 6 if you are using your Child Development Permit to determine your eligibility. You will be required to have a Professional Growth Advisor view your original Child Development Permit and sign a photocopy of it stating they have seen the original permit. If you have applied for a Child Development Permit in the last year but have not received the permit, you will be required to provide documentation from your County Office of Education.

Applications, transcripts (sealed, unopened originals) or Child Development Permits, and Course Worksheets must be completed, reviewed and signed by a Professional Growth Advisor and turned into the FIRST 5 CALAVERAS office by **5:00 P.M. Tuesday, April 15, 2003**. Original transcripts for classes you are currently enrolled in must be turned in to the FIRST 5 CALAVERAS office no later than **5 P.M. Friday, June 13, 2003**. Please call Larissa Collins at (209) 754-1470 with any application questions.

Please do not duplicate this application form. Contact the FIRST 5 CALAVERAS office if you need any additional applications.

Calaveras CARES Stipend Levels 2003

Level 1	
\$250	Family Child Care Home Licensee & Staff
\$500	Assistant
Level 2	
\$750	Associate Teacher
\$1,000	Teacher
\$1,200	Master Teacher
\$1,500	Site Supervisor
Level 3	
\$2,000	Program Director

(Minimum qualifications for the \$250 stipend level for first year applicants only are 1 ECE or CD unit and 6 hours training. Please refer to the Child Development Permit Matrix on page iv for all other levels of qualifications.)

Information About Stipends:

- Your current job title does **not** determine your CARES stipend level. The above job titles apply to corresponding levels of the Child Development Permit Matrix on the next page.
- Applicants who wish to qualify under the Alternative Qualifications of the Child Development Permit Matrix must submit the required documentation (please refer to the Child Development Permit Matrix).
- Stipends must be declared on your 2003 income tax returns. FIRST 5 CALAVERAS will not take any taxes out of stipend checks.
- **All applicants who qualify and successfully complete the application process will receive a stipend!**

Please note:

If the number of eligible applicants exceeds the program budget, actual stipend amounts may vary based on the number of applicants and funding availability.

Application Assistance Meetings

A series of two application assistance meetings will be held in two locations within Calaveras County. This is an opportunity for you to ask any questions you may have about this application, to learn essential information about the CARES program and to receive assistance and obtain your required sign off from a Professional Growth Advisor. It is important that you attend one of these meetings because these will be the only application assistance / orientation meetings for this year.

CalWorks – Sequoia Community Room (for second year applicants) 509 Saint Charles Place, San Andreas, CA	
Day	Hours
Monday, September 9, 2002	7:00 p.m. – 8:30 p.m.
Child Care Resources (for first-time applicants) 584 West Saint Charles Street, San Andreas, CA	
Day	Hours
Monday, October 21, 2002	7:00 p.m. – 8:30 p.m.

Child Development Permit Matrix - *with Alternative Qualification Options Indicated*

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited HERO program (including ROP); or Option 3: CCTC approved training.	Assist in the instruction of children under supervision of Associate Teacher or above.	105 hours of professional growth****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential; or Option 3: CCTC approved training.	May provide instruction and supervise Assistant.	Must complete 15 additional units toward a Teacher Permit . Must meet teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** <u>plus</u> 16 General Education (GE) units *	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE or related field with 3 units supervised field experience in ECE setting; or Option 3: CCTC approved training.	May provide instruction and supervise all above (including Aide).	105 hours of professional growth****
Master Teacher	Option 1: 24 units ECE/CD including core courses** <u>plus</u> 16 GE units* <u>plus</u> 6 specialization units <u>plus</u> 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 3: CCTC approved training.	May provide instruction and supervise all above (including Aide). May also serve as coordinator of curriculum and staff development.	105 hours of professional growth****
Site Supervisor	Option 1: AA (or 60 units) with 24 ECE/CD units including; <ul style="list-style-type: none"> • core courses** • 16 GE units • 6 administration units • 2 adult supervision units 	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 3: Admin. credential ***with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 4: Teaching credential with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 5: CCTC approved training.	May supervise single site program, provide instruction, and serve as coordinator of curriculum and staff development.	105 hours of professional growth****
Program Director	Option 1: BA with 24 ECE/CD units including; <ul style="list-style-type: none"> • core courses** • 16 GE units • 6 administration units • 2 adult supervision units 	Site supervisor status and one program year of site supervisor experience	Option 2: Admin. credential *** with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting; or Option 3: Teaching credential with 12 units of ECE, <u>plus</u> 3 units supervised field experience in ECE setting, <u>plus</u> 6 units administration; or Option 4: Master's Degree in ECE or Child/Human Development; or Option 5: CCTC approved training.	May supervise multiple-site program, provide instruction, and serve as coordinator of curriculum and staff development.	105 hours of professional growth****

*One course in each of four general education categories, which meet graduation requirements: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts

**Core courses include child/human growth & development; child/family/community or child and family relations; and programs/curriculum

***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.

****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call (209) 341-1662 for assistance in locating an advisor.

NOTE: All unit requirements must be semester units. All course work must be completed with a grade of C or better. Spanish & Chinese translations available. 5/30/01

This matrix was prepared by the Child Development Training Consortium, www.childdevelopment.org. Call (209) 572-6080 for a permit application.

**Calaveras
C.A.R.E.S.
Stipend
Application**

Checklist

Before you mail or deliver your application, please check each item on this list to ensure your application is complete. Incomplete applications will not be considered for a stipend.

- ☐ You have filled out the correct application that specifically states it is for a Family Child Care Home *Licensee* or Family Child Care Home *Staff*.
- ☐ Pages i—iv have been removed and kept with your records.
- ☐ You have photocopied your completed application (pages 1-6) to keep with your records.
- ☐ Each question in the application (pages 3 and 4) has been answered.
- ☐ Your name is on page 3 and on page 4 of the application.
- ☐ If you are a Family Child Care Home *Licensee*, your Resource and Referral agency representative has signed and dated a Calaveras CARES Applicant Verification Form.
- ☐ If you are a Family Child Care Home *Staff* person, your supervisor (a Family Child Care Home Licensee) has signed and dated Section 3A on page 4.
- ☐ If you do not have a Child Development Permit, you have completed Section 3B on page 5.
- ☐ You have signed and dated the Application Sign Off and Release Form on page 6.
- ☐ You have included a sealed, unopened original copy of your transcripts or have requested that sealed, unopened original copies of your transcripts be sent to the FIRST 5 CALAVERAS office by **5:00 P.M. Friday, June 13, 2003**. If you are currently enrolled in a class to qualify you for a stipend level, you have requested a sealed, unopened original copy of your transcript to **RUSH** mail to the FIRST 5 CALAVERAS office so that it arrives by the June 13th deadline. You may also choose to pick up a sealed, unopened original copy of your transcripts in person and deliver them to the FIRST 5 CALAVERAS office before the June 13th transcript deadline.
- ☐ You have met with a Professional Growth Advisor and have filled out a Course Worksheet with him / her.
- ☐ Your Professional Growth Advisor has signed off on and dated the Course Worksheet.
- ☐ If you have a Child Development Permit, your Professional Growth Advisor has seen the original Permit, made a copy of the Permit and signed the copy, verifying its authenticity.
- ☐ Your mailed or delivered application package includes:
 - The application (pages 1-6)
 - The Course Worksheet (both pages)
 - Your transcripts (sealed, unopened originals)
 - A signed copy of your Child Development Permit (if you have one) or a signed copy of your application to apply for your Child Development Permit (if you have applied for one).

Mail or deliver your application by 5:00 P.M. Tuesday, April 15, 2003 to:

FIRST 5 CALAVERAS
P.O. Box 209
314 East Saint Charles Street, Suite #3
San Andreas, CA 95249

Calaveras CARES

Year 2003 Stipend Application

Family Child Care Home *Licensee* and Family Child Care Home *Staff*

Section 1 - Applicant Information

Last Name		First Name		Middle Initial	Social Security #	
Birth Last Name		Birth First Name		Birth M.I.		
Date of Birth (month / day / year)		Place of Birth (state or country)		Gender <input type="checkbox"/> F <input type="checkbox"/> M	Mother's First Name	
Home Address		Apartment	City		State	Zip Code
Work Address		Suite	City		State	Zip Code
Home Phone	Work Phone		Cell Phone		Other Phone	
<p>Please answer both questions. This information is being collected for statistical purposes only. Categories are in compliance with the 2000 U.S. Census.</p> <p>Are you Spanish / Hispanic / Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other: _____</p>				<p>How do you identify your race / ethnicity? (You may choose up to three categories) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian: _____ <input type="checkbox"/> Other Pacific Islander: _____ <input type="checkbox"/> Other Race: _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White, Caucasian</p>		
Are there any languages (including any Sign Languages) other than English that you speak fluently? What languages do you speak fluently?						
<p>Please indicate your highest level of education (This information is for statistical purposes only and will not affect whether you qualify for a stipend).</p> <input type="checkbox"/> Some High School - No GED <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some College Courses <input type="checkbox"/> Two Year College Degree Completed <input type="checkbox"/> Four Year College Degree Completed <input type="checkbox"/> Some Graduate Degree Courses <input type="checkbox"/> Graduate Degree Completed			The official name of your Family Child Care Home as it appears on your program's license or your supervisor's license:			
			Your FCCH License Number:			
			Your official job title at work:			
			The number of children you or the family child care home where you work is licensed to serve: _____			
What year did you formally begin working in the Early Child Care and Education field: _____			Have you worked continuously in the Early Child Care and Education field since the year you indicated? <input type="checkbox"/> yes <input type="checkbox"/> no			
<p>In the past year, have you provided services to children with disabilities and other special needs as described below? Children with disabilities and other special needs is used to refer to those children who are age birth - 18 and:</p> <ol style="list-style-type: none"> 1. Have an IEP (an Individual Education Plan); OR 2. Have an IFSP (and Individualized Family Service Plan); OR 3. Children whose behavior, development, and / or health affect their family's ability to find and maintain child care services. <input type="checkbox"/> Yes <input type="checkbox"/> No						

Name of Applicant: _____

Section 2 - Applicant Work Information

Dates of employment: From ____ / ____ / ____ To ____ / ____ / ____ Or <input type="checkbox"/> I am currently employed at this site (at current home)		Month Day Year	Month Day Year	Hours worked weekly with children ages 0-5: _____
Number of children you work with: ____ birth to 23 months ____ 2 years to 2 years, 11 months ____ 3 years to 5 years ____ School Age (K-6)				
Family Child Care Home <i>Staff</i> : Your hourly wage: _____ Your annual salary (before taxes and not including benefits): _____ Your supervisor's First and Last Name : _____				
Family Child Care Home <i>Licensee</i> : Your yearly net income for 2002 was (exclusive of benefits / business expenses): \$ _____/year (for statistical purposes only) (refer to line 31 of schedule C on your federal income tax return)				

Section 3A – Program / Supervisor Verification

Family Child Care Home Licensee must provide documentation that they have operated their family child care home program in Calaveras County at least 15 hours per week for at least 9 full months from July 1, 2002 through June 15, 2003. A verified copy of the current license must be included in the documentation. In addition, applicants must provide a letter of verification from their Resource and Referral Agency and have an R & R representative sign below (Call your local R & R for a letter).

Family Child Care Home Staff must have their supervisor (the Family Child Care Home Licensee) verify that they have worked in their family child care home program in Calaveras County at least 15 hours per week for at least 9 full months from July 1, 2002 through June 15, 2003. Their supervisor must sign below.

I certify that the information listed above is correct. I also certify that the above licensee / employee is currently working and has worked at least 15 hours per week for at least 9 full months from July 1, 2002 to June 15, 2003 and to the best of my knowledge, meets the requirements for participation in the Calaveras County Child Development Corps. I understand that the incentive he / she receives is in addition to his / her annual salary and I certify that current salary and salary advancement will not be negatively affected by the incentive.

Signature of Family Child Care Home Supervisor (Licensee)

Date

Does your worksite receive subsidies from any of the following agencies? Please mark all that apply.:
(for statistical purposes only)

☐ CDD Contract

☐ Head Start/Early Head Start

☐ Other: _____

Section 3B – Verification of Experience (To be completed if you do not have a Child Development Permit)*

- **If experience is a requirement for your stipend level**, please have the experience verified by your current and / or previous employer using this form. You only need to verify experience that is appropriate for your stipend level (check one). The experience requirements for each level are indicated.
 - ☐ Family Child Care Home Licensee & Family Child Care Home Staff – None
 - ☐ Assistant – None
 - ☐ Associate Teacher – 50 days of 3 + hours per day within 2 years
 - ☐ Teacher – 175 days of 3 + hours per day within 4 years
 - ☐ Master Teacher – 350 days of 3 + hours per day within 4 years
 - ☐ Site Supervisor – 350 days of 3 + hours per day within 4 years including at least 100 days of supervising adults
 - ☐ Program Director – Site supervisor status and one program year of site supervisor experience
- **If you have served in more than one position for a single employer**, have a separate form completed for each position that you held.
- **Do not have an employer mail this form directly to the FIRST 5 CALAVERAS office separate from the application.** The FIRST 5 CALAVERAS office cannot match pieces of an application that arrive separately. *Thank you.*

This is to verify/certify that:	_____ (Name of applicant)
has served satisfactorily from:	_____ (Month and Year)
to:	_____ (Month and Year)
in the position of: (Please state job title)	_____
with the following age group(s):	_____
in the following capacity:	<input type="checkbox"/> Full-time # Hours/Day_____, # Days/Week_____ <input type="checkbox"/> Part-time # Hours/Day_____, # Days/Week_____ <input type="checkbox"/> Day-to-Day Substitute Total days worked_____
Documentation of supervising Experience for the Site Supervisor Permit: (minimum 100 days)	_____ _____ _____
Employer:	School/Agency: _____ _____ _____ Address: _____ City: _____ Zip: _____ Phone: _____
Verified by:	Signature: _____ Name (please print): _____ Title: _____ Date: _____

*Licensed Family Child Care experience must be verified by a photo copy of the Day Care License and three Experience Verification letters from parents stating the length of time their child has been in your care, age of child and what type of program you provide (see attached forms)

This application should also include a two page *Course Worksheet* that you must obtain from a Professional Growth Advisor. You are responsible for calling a Professional Growth Advisor who will work with you on your *Course Worksheet*.

Application Sign Off

I have carefully reviewed all portions of this application. By signing below, I certify that all information I have provided in the application is valid and true to the best of my knowledge.

Signature

Date

Release Form

Dear Applicant:

We are working with UC Berkeley to evaluate our program in order to continue improving the services we offer and to advocate for future funding. All stipend recipients will be asked to provide information for the evaluation of this program, including data on this application form. Some stipend recipients will be randomly drawn to receive a phone call inviting them to participate in a phone interview. If they choose to participate, they will be reimbursed for their time. If you do NOT want to participate in the evaluation, please check the box below. Only check the box below if you do NOT want to participate.

☐ I do NOT want to participate in the evaluation.

Name (please print)

Phone Number

Signature

Date

Experience Verification Letter

Child Care Provider: _____

Dear C.A.R.E.S. Advisory Group:

This letter is to verify that my child, _____, has been provided child care by the provider listed above for the period of _____ to _____. The average number of hours my child spent at this Family Child Care Home each week is _____ hours. The child care home provided a _____ program (circle time, music time, other kind of curriculum, general day care, etc.) for my child while he/she was in care. My child is currently _____ years old (***must be between 0-5 years of age***). If there are any questions concerning this experience verification letter, you may contact me at the number below.

Sincerely,

Parent (Guardian's) Full Name

Today's Date

Address

City / State / Zip Code

Phone Number (with area code)

.....
This letter must be returned to the Child Care Provider to submit with their CARES application.

Experience Verification Letter

Child Care Provider: _____

Dear C.A.R.E.S. Advisory Group:

This letter is to verify that my child, _____, has been provided child care by the provider listed above for the period of _____ to _____. The average number of hours my child spent at this Family Child Care Home each week is _____ hours. The child care home provided a _____ program (circle time, music time, other kind of curriculum, general day care, etc.) for my child while he/she was in care. My child is currently _____ years old (***must be between 0-5 years of age***). If there are any questions concerning this experience verification letter, you may contact me at the number below.

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Address

City / State / Zip Code

Phone Number (with area code)

.....
This letter must be returned to the Child Care Provider to submit with their CARES application.

Experience Verification Letter

Child Care Provider: _____

Dear C.A.R.E.S. Advisory Group:

This letter is to verify that my child, _____, has been provided child care by the provider listed above for the period of _____ to _____. The average number of hours my child spent at this Family Child Care Home each week is _____ hours. The child care home provided a _____ program (circle time, music time, other kind of curriculum, general day care, etc.) for my child while he/she was in care. My child is currently _____ years old (***must be between 0-5 years of age***). If there are any questions concerning this experience verification letter, you may contact me at the number below.

Sincerely,

Parent (Guardian's) Full Name

Today's Date

Address

City / State / Zip Code

Phone Number (with area code)

.....
This letter must be returned to the Child Care Provider to submit with their CARES application.